



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6670.2
BUMED-631
11 Aug 93

BUMED INSTRUCTION 6670.2

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Dental Personnel

Subj: ORTHODONTIC TREATMENT

Ref: (a) Public Law (PL) 98-525, section 633
(b) MANMED art. 6-98(3)

Encl: (1) Orthodontic Treatment General Guidelines
(2) Authorized Orthodontic Care for Active Duty Personnel
(3) Authorized Orthodontic Care for Dependents, Retired
Personnel and Other Eligible Nonactive Duty Personnel

1. Purpose. To establish policy and guidelines to provide orthodontic care in naval dental facilities.

2. Cancellation. NAVMEDCOM Instruction 6670.1A.

3. Background. The Bureau of Medicine and Surgery (BUMED) has authorized selected naval dental facilities to provide orthodontic care for eligible beneficiaries. Due to limited availability, policy and guidelines are necessary to establish priority for the provision of orthodontic care in these facilities. (See enclosures (1), (2), and (3).)

4. Discussion. Dental standards for induction into the Navy and Marine Corps are restrictive and limit the requirements for orthodontic care. However, limited orthodontic treatment is an integral part of the Navy's capability to maintain accreditation for its training programs, and provide a comprehensive dental health care system.

a. This instruction specifies those persons who are eligible to receive orthodontic care at naval dental treatment facilities (DTFs) and medical treatment facilities (MTFs) where orthodontic care is available and describes the conditions under which that care may be authorized and provided.

b. The Orthodontic Index and Evaluation of Occlusion Form, NAVMED 6630/5, shall be used in addition to the guidelines in enclosures (1), (2), and (3) when determining priority for initiating orthodontic care.



c. An active duty patient or the sponsor of a dependent patient shall have sufficient time remaining in his or her present assignment (generally 15 months or more) to have required treatment accomplished before patient or sponsor transfer. Retired military personnel and their dependents and other eligible beneficiaries should have plans to remain in their present location to allow sufficient time to complete the necessary treatment. The Navy will not assume responsibility for continuation of orthodontic care should a patient move to an area where orthodontic care is not authorized in a Department of Defense (DoD) facility.

5. Mission. To provide orthodontic treatment for active duty members to restore masticatory function lost due to dental disease or injury sustained since entry on active duty or to correct a malocclusion or a malrelation of the jaws which has a direct effect on the individual's health or performance of duty. To initiate orthodontic treatment or provide continued orthodontic treatment for dependents of active duty and active duty deceased personnel, who during their period of skeletal development are living in areas where civilian orthodontic care is not available. Provide didactic and clinical adjunctive support to all Navy dental training programs. To initiate or provide continued orthodontic treatment for all eligible recipients on a space available basis per reference (a) which amended section 1077 of title 10, United States Code, with the most severe cases given priority. Per reference (b), active duty members have priority at all DTFs and MTFs.

6. Action. Orthodontic care may be provided to all eligible beneficiaries at those naval dental facilities having an established orthodontic capability if all other eligibility requirements are met. It must be recognized that limited access to care and the frequency of required followup appointments preclude most routine orthodontic treatment modalities for personnel assigned to operational units. Guidelines for the provisions of this care should follow enclosures (1), (2), and (3). NAVMED 6630/7 shall be executed by all patients who are accepted for orthodontic treatment. NAVMED 6630/6 must be completed for all orthodontic patients being transferred. The transferring facility must retain copies of all NAVMED 6630/7 and the orthodontist's clinical treatment notes for possible future reference (see paragraph 8).

7. Minor Tooth Movement. Orthodontic care which is limited to minor tooth movement and adjunctive to restorative dentistry, prosthodontic, periodontal and endodontic care, including the uprighting of abutment teeth and simple interceptive orthodontics, may be performed by any dental officer who is granted the privileges to provide these services.

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8. Maintenance of Orthodontic Records. Maintain orthodontic records for as long as possible, but for a minimum of 25 years following the last visit or treatment, unless a known tort action has been filed.

9. Forms. NAVMED 6630/5 (1-81), Orthodontic Index and Evaluation of Occlusion; NAVMED 6630/6 (1-81), Orthodontic Transfer Form Patient in Active Treatment; and NAVMED 6630/7 (1-81), Special Consent to Performance of Orthodontic Treatment are available from the Bureau of Medicine and Surgery (MED-06).


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ORTHODONTIC TREATMENT GENERAL GUIDELINES

The following guidelines are established to ensure that all eligible beneficiaries understand the orthodontic treatment objectives and the eligibility criteria for selection for orthodontic care.

1. Orthodontic Treatment Objectives. Orthodontic services will be provided to achieve the following objectives:

- a. To support adjunctive medical or surgical care of traumatic injuries.
- b. To correct a malocclusion or a malrelation of the jaws which has become significant enough to directly affect the individual's health or performance of duty.
- c. To provide continuation of authorized orthodontic treatment previously initiated.
- d. To correct a malocclusion of the teeth or malrelation of the jaws when such therapy is preventive in nature or required as adjunctive support to other dental treatment.

2. Treatment Eligibility Criteria. Active duty members exhibiting a malocclusion that either threatens the longevity of the dentition or lacks adequate dental function are eligible for Navy orthodontic care. Some of these conditions are:

- a. Malocclusions with jaw malrelations requiring orthognathic surgery (e.g., skeletal prognathism, retrognathism, or apertognathism).
- b. Skeletal malocclusions that cause active destruction of hard or soft oral tissues.
- c. Malrelations that require correction in support of other dental specialty treatment requirements.
- d. Anterior crossbite of multiple teeth or of a single tooth where there is traumatic interference in lateral mandibular excursions.

3. Diagnosis and Treatment. Before initiation of combined orthognathic and surgical treatment, collaborative consultations between the treating orthodontist, oral surgeon, and other specialists as necessary to outline the diagnosis and treatment program must be accomplished for all beneficiaries.

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4. Contraindications for Orthodontic Treatment to be Initiated by Navy Orthodontists

- a. Aesthetics alone.
- b. "Crowded teeth" where reasonable oral hygiene measures can adequately protect the periodontium.
- c. Where oral hygiene is deficient or the patient lacks motivation or cooperation.
- d. Where the overall periodontal prognosis is guarded.
- e. When another method of dental treatment is judged to be the treatment of choice.
- f. When minor tooth movement adjunctive to other dental treatment is judged a good alternative to comprehensive orthodontics.
- g. To active duty personnel assigned to deployable operational units.
- h. To active duty personnel with orders to deployable operational units.

AUTHORIZED ORTHODONTIC CARE FOR ACTIVE DUTY PERSONNEL

1. The dental standards for entrance into the Navy and Marine Corps are restrictive enough to prevent enlistment of personnel with severe malocclusions. If orthodontic care becomes indicated, active duty members have priority at DTFs and MTFs following reference (b).
2. Eligibility is determined by the orthodontic board where the treatment will be accomplished. Examination may include the making of complete orthodontic records and is not a commitment for or the initiation of treatment.
3. Members may be accepted for initiation of orthodontic treatment only when they have sufficient active service obligation remaining and sufficient tour length in a nondeployable unit to complete the orthodontic treatment at their present duty location as verified by their personnel support detachment or commanding officer.
4. Orthodontic care is limited to members whose primary assignment is to nondeployable units.
5. Members of the active forces must retain worldwide assignability. Active duty service members may be required to have active appliances removed and replaced with suitable retention appliances (e.g., when in receipt of orders where no orthodontic care is available or ordered to operational units).
6. Active duty personnel who were not physically disqualified because of malocclusion of teeth or jaw relationship upon entry into active duty are presumed to meet minimum orthodontic qualifications. Orthodontic treatment for these individuals is therefore normally considered elective.
7. Supplemental funding for authorized orthodontic care may be requested by the DTF on a needs and priority basis under the authority of the commanding officer.
8. Because personnel on active duty are considered to have met the standards for entrance in the naval service, an extension of a shore tour for the purpose of elective orthognathic or orthodontic correction of dental problems will normally not be approved.
9. Before orthodontic therapy may be initiated on active duty Navy and Marine Corps personnel, prior notification must be forwarded via the chain of command to the appropriate assignment section of the Bureau of Naval Personnel (BUPERS) or the Commandant of the Marine Corps (CMC). This notification must

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include a written certification by the treating orthodontist that orthodontic therapy is indicated and the length of time necessary to complete the orthodontic therapy will not create an assignment liability. Orthodontic therapy cannot be used as justification to alter or extend a projected rotation date (PRD), and thus all treatment must be completed within the remaining time at the present duty station. If treatment cannot be completed by PRD, it should be anticipated that the request to initiate treatment will be denied.

10. Before starting orthodontic therapy on an active duty beneficiary other than a member of the Navy or Marine Corps, the individual's parent service shall be contacted to ensure that the regulations of the parent service regarding elective orthodontic care are followed.

11. If a patient initiates orthodontic treatment from non-Federal sources at no expense to the Government and is reassigned to a location where orthodontic care is unavailable, termination of treatment may be necessary before the orthodontic care is completed. If this should occur, the Government is not liable for the completion of orthodontic treatment. Dental care, such as the extraction of teeth, adjunctive to the provision of elective orthodontic treatment by non-Federal orthodontists may be obtained from naval DTFs. The provision of adjunctive care by the Navy does not imply liability in the completion of the elective orthodontic care. If assigned or reassigned unexpectedly to sea, Fleet Marine Force (FMF), or an operational tour, continued use of active orthodontic appliances is at the discretion of the member's commanding officer.

12. Navy oral surgeons are not required to accept cases for orthognathic surgery in a naval treatment facility if the orthodontic treatment was initiated by a civilian orthodontist without a combined preassessment evaluation by the Navy oral surgeon and the referring civilian orthodontist involved. This does not preclude a Navy oral surgeon from accepting cases for treatment from a civilian orthodontist, if in the professional judgment of the oral surgeon the surgical procedure is indicated, and there will be no compromise in professional or technical procedures.

13. Service members who are diagnosed as requiring combined orthognathic surgery or orthodontic treatment are to be treated under the following guidelines:

a. If the condition existed before enlistment and severely compromises the member's health or performance of duty, the member may be medically discharged from the service.

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b. The condition can be treated solely in-house or by using the services of a civilian orthodontist under the conditions described herein.

c. If orthodontic support is not available at any DoD DTF in close approximation to where the orthognathic surgery is to be performed, supplemental funding for civilian orthodontic treatment should be requested from the medical referring facility.

d. If supplemental funding is not available, the member may request or be recommended for assignment to a duty station close to a treatment facility offering both oral surgical and orthodontic treatment.

14. Service members using the services of a civilian orthodontist at their own expense, in preparation for adjunctive orthognathic surgery to be performed by a Navy oral surgeon shall:

a. Initiate consultation between the civilian orthodontist and the Navy oral surgeon anticipated to provide such care.

b. Agree to be solely responsible for all expenses associated with any and all civilian orthodontic care.

c. Agree that initiation of subject treatment plan does not preclude the member from being reassigned to a sea, FMF, or operational tour which may require delay or termination of such treatment.

d. Meet all other eligibility requirements for orthodontic patients set forth in this instruction.

15. The treating Navy oral surgeon must forward notification, via the patient's chain of command, to the appropriate assignment section of BUPERS or the CMC in all cases under his or her cognizance. (See paragraphs 9 and 10 above.)

AUTHORIZED ORTHODONTIC CARE FOR DEPENDENTS, RETIRED PERSONNEL,
AND OTHER ELIGIBLE NONACTIVE DUTY PERSONNEL

1. The primary mission of the Navy Dental Corps is to treat active duty personnel. Dental treatment of nonactive duty personnel will not be permitted to interfere with the accomplishment of this mission.
2. Patients will be accepted for initiation of comprehensive orthodontic treatment only when their sponsor has sufficient time available in his or her current assignment or geographic location to expect completion of the proposed orthodontic treatment before transfer.
3. The sponsor of dependents under consideration for orthodontic treatment must be counseled regarding lack of continuing orthodontic care. If the sponsor is reassigned, if the patient is relocated, if the patient's eligibility for care ceases, or if orthodontic care becomes unavailable for any reason, the sponsor is personally and financially responsible for continuing the family member's treatment.
4. Per reference (a), eligible nonactive duty beneficiaries treated at facilities outside the contiguous United States, will be given the following priority:
 - a. Treatment adjunctive to medical or surgical care, and treatment of traumatic injuries have precedence over other types of orthodontic care.
 - b. Dependents of active duty personnel with cleft palates or who require supportive orthodontic care related to orthopedic treatment, such as in the case of scoliosis or kyphosis.
 - c. Dependents who arrive on station in fully banded or bonded active orthodontic appliances that have been placed by military or civilian orthodontists before the sponsor's written reassignment notification.
 - d. Dependents of active duty military personnel who, before arrival at their sponsor's command and before the sponsor's written reassignment notification, have undergone serial extraction of teeth as ordered by an orthodontist in preparation for orthodontic care.
 - e. Dependents, not already under orthodontic care, with malocclusions or crania-facial anomalies that pose a serious functional or developmental problem or present a serious threat to the longevity of the dentition.

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f. Dependent children in need of orthodontic intervention who are:

(1) In their permanent dentition and approaching the end of active adolescent growth.

(2) In the mixed dentition stage of growth and development.

g. Dependents accompanying an active duty member who is on an extended overseas billet assignment.

h. Retired military personnel, dependents of retired military personnel, and other eligible nonactive duty beneficiaries.

5. Eligible nonactive duty beneficiaries treated at facilities in the contiguous United States are limited to the following orthodontic care:

a. Examinations and consultations.

b. Treatment that is adjunctive to medical or surgical care, and treatment of traumatic injuries.

c. Cases that are selected to meet the requirements for certification by the American Board of Orthodontics.

d. Teaching cases that are initiated and supervised by an orthodontist in a dental residency or continuing education program.

e. All other eligible recipients on a space available basis with the most severe cases given priority.